

SUMMARY

STRONG START FOR AMERICA'S CHILDREN ACT OF 2013



= *Infant-Toddler Related Provision*

Access to Prekindergarten

- Establishes a new federal-state partnership to provide access to high-quality prekindergarten programs for all low-income and moderate-income children to ensure kindergarten readiness. The programs would serve 4 year-olds from families with incomes at or below 200% of the Federal Poverty Level (FPL) and may serve 3 year-olds once the 4 year-olds are served.
- High-quality prekindergarten programs are defined as including high staff qualifications, with salaries comparable to K-12; evidence-based class sizes and child-teacher ratios; developmentally-appropriate, evidence-based curricular and learning environments aligned with state's early learning standards; accessible comprehensive services; and ongoing program evaluation.
- Allows delivery of services through Local Education Agencies (LEA's), a high-quality early childhood education program in the community, or a consortium of the two.
- Local entities must have comprehensive parent and family engagement policies; coordinate with Head Start, CCDBG, IDEA and other early childhood education programs and have strong partnerships between LEA's and community-based providers (depending on which is the grantee); have policies for Kindergarten transition; address the needs of homeless children, dual language learners, children with disabilities, children in foster care, and children who qualify for free and reduced price lunch; have supports for workforce to gain relevant credentials and ongoing professional development around early childhood skills and working with special populations.
- States may set aside 20% of funds in the first 4 years of implementation for quality improvement, particularly workforce supports and professional development.
- States may set aside 15% for high-quality early childhood education for infants and toddlers, such as programs that meet EHS standards or are accredited. The Secretaries of Education and HHS would determine the most appropriate way of administering these funds.
- Performance measures and targets include increasing school readiness and narrowing gaps, reducing special education placements, reducing the need for grade retention, increasing the number of high-quality programs and children in those programs. States are prohibited from using a single assessment as the primary or sole method for assessing program effectiveness, or to reward or sanction children or teachers.
- The Secretaries of Education and HHS would create a process for converting the Head Start funds previously used to provide services for four year-olds to services for younger children, as more four year-olds enter state prekindergarten programs.
- Funding: Authorizes \$1.3 billion in FY 2014, increasing to \$8.96 billion in FY 2018 and such sums through FY 2023. The state match increases over the years, starting at 10% in the first year to an equal share with the federal funds by the tenth year.
- Establishes Preschool Development grants for states not receiving prekindergarten formula grants to improve the quality of their prekindergarten programs or establish them if they do not already provide such programs. Funding: Authorizes \$750 million in FY 2014 and such sums thereafter through FY 2023.





Early Learning Quality Partnerships

- Establishes grants to Early Head Start (EHS) programs to partner with center-based and family child care programs that agree to meet Early Head Start Program Performance Standards.
- Priority is given to applicants that will create strong alignments with service providers in the Maternal, Infant, and Early Childhood Home Visiting program, programs receiving child care subsidies under the Child Care and Development Block Grant (CCDBG), and prekindergarten programs to create a continuum of services from birth to school entry as well as programs that will work with child care providers across settings (i.e., home-based and center-based).
- Adds a priority to the basic EHS grants for future EHS grants for entities that agree to form child care partnerships.
- EHS agencies receiving partnership grants must establish a contractual agreement with the child care programs to raise quality to meet program performance standards. They may use grant funds for child care program expansion; training, technical assistance, and support in meeting the standards (including earning credentials or degrees); and blending funds to provide high-quality full-day child care meeting the program performance standards.
- Grantees must create a clear timeline for meeting the program standards; HHS must establish standards for defining responsibilities of the partners; programs are exempt from designation renewal requirements for 18 months.
- Authorizes \$1.4 billion in appropriations for FY 2014 and such sums through FY 2023. Funds are allocated by states and would approximately double the number of children receiving EHS services (currently about 110,000, or 4% of those eligible).



Child Care

- Amends CCDBG to allow the Secretary of HHS to reserve \$100 million for formula grants to states to support quality improvements such as training, education, and professional development for child care staff; training and technical assistance for providers to become licensed; workforce incentives linked to increased credential or degree completion; meeting health and safety standards; and technical assistance to implement nutrition, physical activity or obesity prevention programs.
- Ensures children can receive care for at least a year before eligibility is re-determined.



Sense of the House/Senate on Maternal, Infant and Early Childhood Home Visiting Program

Expresses the sense of the House/Senate that the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) should be extended, citing evidence related to early development starting prenatally, the proportion of infants and toddlers in low-income families, and evidence related to the effectiveness of high-quality programs to promote positive development.

Program characteristics under current law:

- 75% of funds must be spent on evidence-based home visiting models as approved by HHS. 13 models are currently approved; 25% of funds may be spent on promising approaches that must be rigorously evaluated.
- Programs must demonstrate improvements for families in six benchmark areas related to health, child abuse and neglect prevention, school readiness, self-sufficiency, reductions in crime and domestic violence, and coordination of community resources.
- Funding is \$400 million for FY 2014, when the program's authorization for funding expires.

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at

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